



# **ARIZONA STATE RETIREMENT SYSTEM (ASRS)**

## **VERIFICATION OF CONTRIBUTIONS NOT WITHHELD (CNW) INSTRUCTIONS *EMPLOYER USE ONLY***

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
TTY (602) 240-5333  
[www.azasrs.gov](http://www.azasrs.gov)

### **Dear Payroll or Human Resources Manager:**

One of your current or past employees has indicated he or she qualified for membership with the ASRS for a period of time when ASRS contributions were not withheld. We need your cooperation to verify the employee's information. We ask that you read the following information carefully, complete the enclosed form and return it to us as soon as possible. For more information, please refer to the ASRS employer manual or Arizona Revised Statutes § 38-738 or contact Employer Relations staff.

### **STEP 1**

The employer's Payroll or Human Resources Manager should review the employer's records to determine CNW eligibility. If a CNW is established, the employer's Payroll or Human Resources Manager should complete the form in its entirety using dark ink. An employer letter may also suffice.

### **STEP 2**

Once the ASRS receives the employer verification, the member and the employer will be issued an invoice for payment due.

### **Restrictions**

- The employment period must have occurred within the last 15 years.
- ASRS membership criteria must have been met with no ASRS contributions withheld.
- To qualify as CNW, the member must have worked:
  - 7/1/1992 – 6/30/1999: minimum of 20 hours/week for at least 20 weeks in a fiscal year.
  - 7/1/1999 – Present: minimum of 20 hours/week for at least 20 weeks in a fiscal year for one ASRS employer. Prior to 7/1/1999, hours could be added together from multiple employers.
- The position must have been covered under Section 218 of the Social Security Act.
- It is the member's responsibility to prove a contribution error occurred.

### **Alternate Forms of CNW Evidence**

In some cases, the employer will not have records for the time in question. Below are documents the employee can provide to the employer to support the claim:

<b>Documents proving member was employed and covered under Section 218 agreement</b>	<b>Documents proving member met time and hour requirements</b>	<b>Documents verifying member's compensation</b>
<ul style="list-style-type: none"><li>• Pay Stubs</li><li>• W-2s</li><li>• Employer Verification</li><li>• Personnel Action Form</li><li>• Social Security Earnings Report</li></ul>	<ul style="list-style-type: none"><li>• Pay Stubs</li><li>• Contract with W-2s</li><li>• Employer Verification</li><li>• Payroll Records</li><li>• Timesheets</li></ul>	<ul style="list-style-type: none"><li>• Pay Stubs</li><li>• W-2s</li><li>• Employer Verification</li></ul>

### **Unable to Prove CNW**

If the employer does not have records and the member is unable to provide sufficient documentation to prove the member's eligibility for a CNW adjustment, the member may be eligible to purchase the time as Other Public Service Non-participatory. The member should contact the ASRS to submit an Other Public Service Non-Participatory service purchase request.

### **Contact Us**

If you have questions, please contact an Employer Relations Liaison by e-mail at [employerrelations@azasrs.gov](mailto:employerrelations@azasrs.gov) or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**VERIFICATION OF CONTRIBUTIONS NOT WITHHELD (CNW)**

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
------------------------	--------------------	---------	------------------

**SECTION 3 – Fiscal Year, Gross Salary and Pay Period Listing - Continued**

Fiscal Year (ex.2002-03)		Gross Salary						
-								
Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked
Fiscal Year (ex.2002-03)		Gross Salary						
-								
Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked	Pay Period Ending	Gross Salary	Hours Worked
						Additional pay periods listed on separate form?		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name	
Employer Contact Signature	Date: